



## COMBINED DECLARATION AND POWER OF ATTORNEY AS

a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HANDLING PARAMETERS IN BLOCK DIAGRAM MODELING, the specification of which:

was filed on July 24, 2001 as Application Serial No. 09/911,663

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below: I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Gilbert H. Hennessey, Reg. No. 25,759  
Kenneth F. Kozik, Reg. No. 36,572

Lawrence K. Kolodney, Reg. No. 43,807  
Cathy L. Peterson, Reg. No. 41,249

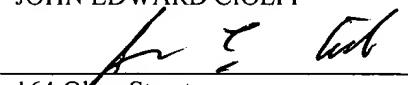
Address all telephone calls to GILBERT H. HENNESSEY at telephone number (617) 542-5070.

Address all correspondence to GILBERT H. HENNESSEY at:

FISH & RICHARDSON P.C.  
225 Franklin Street  
Boston, MA 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: JOHN EDWARD CIOLFI

Inventor's Signature: 

Date: Aug, 24, 2001

Residence Address:

164 Olive Street  
Ashland, MA 01721

Citizenship:

USA

Post Office Address:

164 Olive Street  
Ashland, MA 01721